

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040593

Entity Name: FIRST BANKING SERVICES OF THE SOUTH, INC.**Current Principal Place of Business:**15 N EGLIN PKWY
FT WALTON BEACH, FL 32549**Current Mailing Address:**P O BOX DRAWER 1327
FT WALTON BEACH, FL 32549 US**FEI Number: 59-3184773****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BEASLEY, J. LARRY SR.
29 EGLIN PKWY
FT WALTON BEACH, FL 32548 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	BEASLEY, J. LARRY SR.
Address	29 EGLIN PKWY.
City-State-Zip:	FT. WALTON BEACH FL 32549

Title	CHAIRMAN
Name	TRINGAS, JOHN J
Address	29 EGLIN PKWY
City-State-Zip:	FT. WALTON BEACH FL 32549

Title	COO
Name	TUCKER, JIMMY
Address	29 EGLIN PKWY
City-State-Zip:	FT WALTON BEACH FL 32549

Title	SVP
Name	MATTHEWS, JUSTIN
Address	29 N EGLIN PKWY
City-State-Zip:	FT WALTON BEACH FL 32549

Title	CFO
Name	WADE, MARKLYN E
Address	P O BOX DRAWER 1327
City-State-Zip:	FT WALTON BEACH FL 32549

Title	DIRECTOR
Name	BOSTICK, LARK T
Address	P O BOX DRAWER 1327
City-State-Zip:	FT WALTON BEACH FL 32549

Title	DIRECTOR
Name	TRINGAS, ALEX J
Address	P O BOX DRAWER 1327
City-State-Zip:	FT WALTON BEACH FL 32549

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARKLYN E WADE**CFO****01/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date